

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1644
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	No
Title::	METHODS OF PREVENTING IMMUNE-MEDIATED ABORTION BY INHIBITING A CD28-MEDIATED COSTIMULATORY SIGNAL
Attorney Docket Number::	GNN-010CPDV
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Vincent
Family Name::	Ling
City of Residence::	Walpole
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	19 Forsythia Drive
City of mailing address::	Walpole
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02081

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Middle Name:: S.
Family Name:: Gray
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 32 Milton Road
City of mailing address:: Brookline
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: C.
Family Name:: Keith
Name Suffix:: Jr.
City of Residence:: Andover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 28 Vine Street
City of mailing address:: Andover
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01810

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Srinivas
 Family Name:: Maganti
 City of Residence:: Portsmouth
 State or Province of Residence:: NH
 Country of Residence:: US
 Street of mailing address:: P.O. Box 662
 City of mailing address:: Portsmouth
 State or Province of mailing address:: NH
 Postal or Zip Code of mailing address:: 03802-0662

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/628129	07/28/00
09/628129	Continuation-in-part of	09/362812	07/28/99

Assignee Information

Assignee name:: GENETICS INSTITUTE, INC.
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